MH99D3870

MINORITY MALE GRANT PROGRAM
COALITION DEVELOPMENT GRANT EVALUATIONS AND COALITION DEMONSTRATION GRANT EVALUATION DESIGN

FINAL REPORT

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GRANT EVALUATION DESIGN

FINAL REPORT

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CHAPTER I

INTRODUCTION

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INTRODUCTION

Minority males are at high risk for incurring a wide range of interrelated health and social difficulties. The life expectancy of black men in particular is decreasing, even though it is increasing for other Americans. Black males suffer disproportionately from homicide, hypertension, drug addiction, respiratory cancer, and chronic liver disease. Large numbers of black males are incarcerated, and they are overrepresented in other areas of the criminal justice system.

Hispanic, Asian-American/Pacific Islander, and Native American males have not escaped these problems. Though their issues are not documented as well as the problems of black males, these men also suffer from health and social ills, particularly in the areas of alcohol and drug dependency, suicide, homicide, unemployment, poverty, and delinquency.

The Minority Male Grant Program (MMGP) is administered by The Office of Minority Health (OMH), Department of Health and Human Services (DHHS) to respond to the multiple health and social barriers faced by minority males. It is jointly funded by DHHS operating divisions (OPDIV). The MMGP empowers community-based organizations with the financial resources to address these interrelated health and social problems through Conference Grants, Coalition Development Grants, and Coalition Demonstration Grants.

OMH contracted with Birch & Davis Associates, Inc. (B&D) to study the Coalition Development and Coalition Demonstration components of the MMGP. The first study is an evaluation of the development grants, and the second an evaluation design for the demonstration grants. The two separate projects were conducted concurrently, with the expectation that information could be shared between projects.

This report presents the results of the two concurrent 20-week studies. This chapter presents background on the MMGP and introduces the remainder of the report.

1. MINORITY MALE GRANT PROGRAM COALITIONS ADDRESS THE INTERRELATED HEALTH AND SOCIAL PROBLEMS OF MINORITY MALES

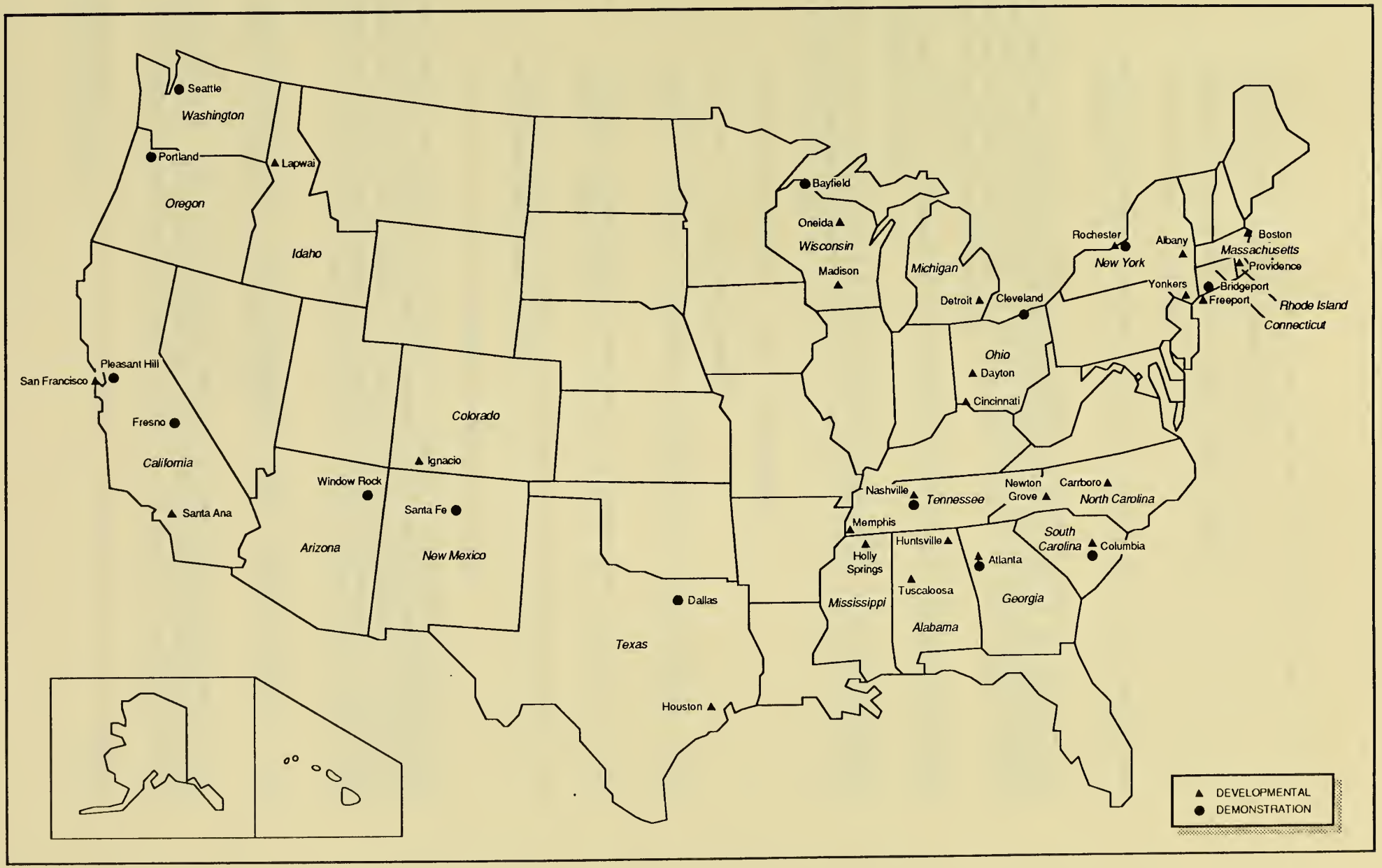
The MMGP awarded its first grant in September 1990. Since then, 25 community-based organizations have been awarded development grants to create or modify coalitions to address the health and social concerns of minority males in their communities. An additional 14 community-based organizations with established coalitions were funded to demonstrate the effectiveness of the coalition as a vehicle for coordinating services to minority males in their communities. Exhibit I-1 shows the geographical distribution of the 25 development grants awarded in September 1990 and the 14 demonstration grants awarded in May 1991 under this program.

For the purposes of these grant programs, OMH defines a community coalition as a joint effort of public and private community organizations to address and resolve community concerns. Such a community coalition has six characteristics:

- Assumes an agreed-upon mission
- Requires a long-term commitment on the member's part

EXHIBIT I-1

DEVELOPMENTAL AND DEMONSTRATION PROJECT SITES



- Requires a role for each coalition member
- Requires resource participation by each coalition member
- Documents coalition activities
- Requires each coalition member to establish a relationship with the coalition and individual members

For both coalition grant programs, OMH funded projects that proposed flexible and innovative approaches toward the problems associated with serving high-risk minority males. Communities made their own decisions about what problems to address and how to address them using the coalition model. The coalition grants' experience will generate information on how the coalition model can address the problems high-risk minority males.

2. COALITIONS CAN PROMOTE COST EFFECTIVE SERVICE COORDINATION FOR MINORITY MALES

The MMGP's coalition grant approach is based upon the assumption that the coalition model— a grass-roots, community-based approach to intervention and service delivery— can improve the health and social status of minority males by:

- Empowering the community with a self-help structure
- Focusing on community-based outreach
- Providing a familiar and acceptable technique for the target population to seek services
- Offering a community-based, multi-service network which improves the target population's quality of life
- Providing secondary intervention to the target population's family members, as well as other members of the community
- Serving as a cost-effective system for coordinating services

Federal policymakers and grantees understand that coalition development, maintenance, and coordination are complex processes. The MMGP coalitions' experience may yield useful information on the influences on coalition development of such key issues as cultural sensitivity, the credibility in the community of member organizations, the diversity of services offered by the coalition, the characteristics of a hard-to-reach target population, and serving multiple ethnic/cultural target populations.

3. POLICYMAKERS AND PRACTITIONERS NEED INFORMATION ON THE EFFICACY OF THE COALITION MODEL

Federal and project-level policymakers and practitioners are interested in learning the outcome of the MMGP coalition grants. Better understanding of how and why coalitions are developed and their impact on the health and social status of minority males can be useful in planning policies and

programs. MMGP participants are particularly interested in these matters, but the audience for this information is likely to be even wider. Congress has expressed an interest in learning about the outcome of these programs. Other Federal and community-based policymakers and practitioners are anxious to know about how and why the coalition model can successfully address interrelated health and social service problems, particularly those of hard-to-reach racial and ethnic minority populations.

The two studies that are presented in this document are designed to help meet these information needs:

- Chapter II describes an assessment of the Coalition Development Grant component of the MMGP. It focuses on how the coalitions were developed and what happened as a result of their development. It includes recommendations for improving grantees' ability to develop effective MMGP coalitions.

- Chapter III presents an evaluation design for the Coalition Demonstration component of the MMGP. It focuses on involving grantees, Federal program officials, and evaluation experts in generating useful information on the efficacy of the coalition model in meeting the multiple needs of minority males in the demonstration communities. We present a two-stage design and implementation plan, both of which have been judged feasible by grantees in the field.

CHAPTER II

COALITION DEVELOPMENT GRANT PROGRAM EVALUATION

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COALITION DEVELOPMENT GRANT PROGRAM EVALUATION

The goal of the Coalition Development Grant Program component of the MMGP is to provide limited resources to plan and develop coalitions to address the specific health and human service needs of high-risk minority males in distinctive communities. The grants support efforts to either (1) develop a formal coalition of community organizations or (2) to empower an existing community coalition to modify its structure, policies, and practices so that it can develop methods to serve the target population.

B&D conducted a 20-week study to evaluate the implementation of the 25 community coalition development grants awarded in FY 90. The study purpose was to:

- Describe methods for developing and modifying coalitions
- Highlight selected project outcomes and impacts
- Recommend ways to strengthen the Coalition Development Grant program

This chapter describes the study purpose, methodology, findings, and recommendations.

1. B&D FOCUSED ON SEVEN KEY STUDY ISSUES

During the first 16 weeks of the project, we developed an understanding of the outcome of the coalition grants. Exhibit II-1, Discussion Questions, lists the seven key study issues of interest to OMH that were formulated early in the project period. They guided subsequent data collection and analysis activities.

We employed these data collection methods to gather information on the study issues:

- **Documentation Review**--We gained some answers to study questions by reviewing documentation. Documentation review was particularly helpful in affording us with an understanding of the Coalition Development Grant Program and the 25 coalition development grant projects that were awarded in FY 90. OMH provided us with grant applications for all projects and all quarterly reports that it had received by the end of September 1991. Reviewing these documents and the Federal Register announcement of May 31, 1990, provided detail about program- and project-level goals and objectives, as well as plans for developing coalitions and services for the target populations.

- **Telephone Discussion**--We clarified our preliminary understanding of project experience through telephone discussions with the Principal Investigator and/or Project Director (PI/PD) for each of the 25 grantees. Some grantees followed our suggestion to include coalition members in these discussions. Grantees were very cooperative and seemed eager to share their experiences. The telephone discussion protocol is presented in Appendix A.

- **Site Visits**--We visited nine sites to gain further information on study questions through face to face discussions and direct observation. We selected sites in concert with OMH, with selection criteria designed to offer as full a range of

EXHIBIT II-1

DISCUSSION QUESTIONS

1. How are coalitions developed?
2. To what extent have the coalitions demonstrated the six characteristics identified by the MMGP as elements of a community coalition?
   a. Assumes an agreed-upon mission
   b. Requires a long-term commitment on the member's part
   c. Requires a role for each coalition member
   d. Requires resource participation by each coalition member
   e. Documents coalition activities
   f. Requires each coalition member to establish a relationship with the coalition and individual members
3. Were grantees successful in developing the foundation for a community-based coalition to address the needs of high-risk minority males?
4. What resources are needed to develop and sustain coalitions?
5. What difference did the coalitions make in providing services to the target populations?
6. What are the strengths and weaknesses of the coalitions developed through this program?
7. How can the coalition development process be improved?

coalition settings and types, target populations, services, and outcomes as possible, given the short time frame for visits. Two- to four-person visit teams were comprised of a B&D senior staff member and research assistant, and, in some cases, OMH Federal and regional staff. We conducted interviews with the PI/PD, and usually with coalition members as well. We conversed with individuals and with groups of coalition participants. Grantees and other coalition participants were exceptionally cordial and cooperative in fully discussing all study issues.

Responses from grantees helped us understand the extent to which coalitions share similar traits and issues, where they differ, and why. They also helped identify common problems among grantees, thereby initiating a process to develop recommendations for resolving them and ultimately strengthening the overall program.

We analyzed the discussions of all study issues to determine similarities and differences in general issue areas. Then we answered each study question in turn and identified the trends that projects reported in (1) addressing the needs of minority males, (2) developing coalitions, and (3) needing assistance. The remainder of this chapter presents our findings, conclusions, and recommendations.

2. GRANTEES WERE SUCCESSFUL IN ADDRESSING THE NEEDS OF MINORITY MALES

Twenty-three of the 25 grantees reported that their projects established the foundation for viable community-based efforts to provide services to minority males. They assisted minority males from all racial and ethnic groups in confronting a full spectrum of health and social problems.

2.1 The Projects Targeted A Variety Of Populations And Issues

As illustrated by Exhibit II-2, the Coalition Development Grant Program projects targeted a variety of populations and issues:

- The coalitions were located in 16 States and 25 cities and towns, including two Native American reservations that are recognized by the United States Government as autonomous nations of people.

- Projects served all major categories of minority population:

  -- Fifteen coalitions targeted one group, usually African Americans

  -- Three coalitions targeted two groups

  -- Seven coalitions targeted minority males in general

- Two types of coalitions were funded:

  -- Twenty-one new coalitions of community organizations to address the health and human service needs of the target population

  -- Four modified coalitions to deliver additional or improved services to the target population

EXHIBIT II-2

COALITION DEVELOPMENT GRANTEES BY TARGET POPULATION ETHNICITY, COALITION TYPE, AND PRIMARY INTERVENTION FOCUS

ETHNICITY OF TARGET POPULATION GRANTEE	TYPE OF COALITION	PRIMARY INTERVENTION FOCUS
African-American		
ADAMHS Board For Montgomery County Dayton, OH	New	Health and Social Services
Cincinnati Board Of Health Cincinnati, OH	New	Health and Social Services
Detroit Urban League Detroit, MI	Modified	Health Services
*Health Outreach Project, Inc. Atlanta, GA	New	Health: STD and HIV/AIDS Prevention
LeMoyne-Owen College Memphis, TN	Modified	Health: Teen Pregnancy Prevention, Self-improvement
Madison County Commission Huntsville, AL	New	Health and Social Services
Meharry Medical College Nashville, TN	New	Health and Social Services
Orange-Chatham County Health Services Carrboro, NC	New	Health Services
*Rhode Island Department Of Health Providence, RI	Modified	Health: Awareness
The Research Foundation Of SUNY Albany, NY	New	Health: Lead Poisoning
Hispanic		
*County of Orange (CA) Health Agency Santa Ana, CA	New	Health and Social Services
Hispanic AIDS Coalition, Inc. Houston, TX	New	Health: HIV/AIDS Prevention
Asian-American		
*South Cove Community Health Center Boston, MA	New	Health: Smoking Prevention
Native American		
Nez Perce Tribe Lapwai, ID	New	Health: Suicide Prevention
*Oneida Tribe Of Indians Of Wisconsin Oneida, WI	New	Health and Social Problems

EXHIBIT II-2

ETHNICITY OF TARGET POPULATION GRANTEE	TYPE OF COALITION	PRIMARY INTERVENTION FOCUS
Multi-Ethnic		
*University of California, San Francisco and San Francisco General Hospital San Francisco, CA	New	Health: Teen Pregnancy Prevention
Freeport Family Community Center Freeport, NY	New	Health and Social Services
Southern Ute (CO) Community Action Programs Ignacio, CO	New	Health: Alcohol and Substance Abuse Prevention
Other*		
*Benedict College Columbia, SC	New	Health and Social Services
*Coalition for the Homeless Of Westchester Yonkers, NY	Modified	Health: AIDS and Substance Abuse Prevention
Community Service Programs of West Alabama Tuscaloosa, AL	New	Health Services
Madison Urban League Madison, WI	New	Health and Human Services
*Rural Opportunities, Inc. Rochester, NY	New	Health: Alcohol and Drug Treatment
Rust College Student Support Services Holly Springs, MS	New	Health: Mental Health
Migrant Benevolent Association Newton Grove, NC	New	Health: Substance Abuse Treatment and Prevention

*Site visit
**No ethnic group specified

- Project focus spanned a spectrum of health and social services:

  -- Eleven coalitions focused on a broad range of services

  -- Three dealt with alcohol or substance abuse, and another three dealt with AIDS prevention (including one which combined this with substance abuse services)

  -- The rest focused on more specific health needs--two on preventing tobacco use and one each on environmental risk reduction, suicide prevention, pregnancy prevention, positive self-development, self-help strategies, and expanding current services to reach the target population

2.2 Coalitions Made A Difference In Their Communities

The majority of coalitions were able to begin serving the target population by the end of the grant year. Many considered providing some services as vital to retaining their members' support and interest during the year. Providing services also indicated to potential members and the target population that the coalition represented a serious, dedicated effort to coordinate services among several agencies.

Coalition spokespersons most frequently said the coalition's major impact had been raising community awareness about the problems addressed by the coalition. Bringing individuals, organizations, and community groups together to discuss not only the problems and needs of minority males but also ways of combating these problems was a consciousness-raising activity. Members became involved in advocacy activities, and, as a result, their heightened perceptions were transferred to their own home organizations.

Coalition spokespersons also said the coalitions had succeeded in coordinating services, which prevented service duplication in the community. This helped members save money and resources and allowed them to concentrate on their particular specialties. It gave members an incentive to network and to refer clients with multiple needs to other member organizations that could help them.

Some of the coalitions themselves provided services to the target population. Some related program outcomes during the grant year are listed below:

- A Meals On Wheels program was initiated
- Eight units of housing were constructed for homeless people with AIDS or HIV infection
- A library was established on the grounds of a public housing project to provide resident children with better access to educational materials
- Church dinner offerings to members of the congregation and the surrounding community were changed to include foods with higher nutritional value and lower cholesterol

- Parents--especially single mothers--of young men who participated in a mentor program reported that the program had been a positive experience for their children

- "No Smoking" signs in Far Eastern languages were posted in business establishments

- Middle and high school students visited health clinics associated with the project to receive birth control services

- A new sense of purpose and a reduction in alcohol abuse and domestic violence have been observed among men in the target population who are active members in the coalition

3. GRANTEES VIEW COALITION BUILDING AS A COST EFFECTIVE WAY TO PROVIDE SERVICES

Virtually all PIs and PDs said they regard coalition building as a cost-effective way to provide services to minority males, including those who are difficult to reach or reluctant to come forward. Although projects' specific timing and sequencing of their approaches to coalition building varied, we did learn of some commonalities in their approaches. Many coalitions grew by trial and error, incorporating these elements at different stages of development and with different emphases.

3.1 Projects Validated The Importance Of The Six Characteristics Of Coalitions That Are Mentioned In The Grant Announcement

All coalitions reported on the importance of the six characteristics of coalitions that are mentioned in the grant announcement. These characteristics appear to be necessary for establishing the community to continue operations beyond the grant period.

- **Agreed upon mission**--Generally, a common identified problem or need stimulated individuals and organizations to come together to address the issue. This was often done in a meeting or conference designed to attract people and organizations already working with the target population or on the particular issue. Modified coalitions were formed by members from a parent coalition who identified another issue or need--sometimes unrelated to their original mission--which was affecting their target population. Some coalitions formed working groups or task forces to attain a mission prior to learning about the grant or receiving the grant award.

- **Long term commitment**--Most lead agencies requested letters of commitment from members to work with the coalition during the development stage. These letters appeared in the grant applications and the quarterly reports. The majority of PIs and PDs stated during the telephone conversations that they intend to continue the coalition's work after the grant period ends, even if this means scaling down some of the services they initially expected to provide or even temporarily suspending work. Several coalition members expressed an ongoing commitment to the coalition, and some have assumed an additional role to identify future resources.

- **Defined role for each member**--The roles and responsibilities of each member were usually defined by the lead agency early in the development process, but not always explicitly. The lead agency recruited members based on the skills, clout, or credibility they could bring to the coalition, which implicitly defined what their roles were. Some coalitions required their members to define their roles and/or responsibilities in letters of intent submitted with the grant application or in quarterly reports.

  Some coalitions were greatly helped by the fact that many of the agencies and individuals they wanted to recruit were very receptive to forming a coalition. These people wanted to encourage interagency cooperation and referrals and better serve clients with multiple needs. Coalition spokespersons said that potential recruits often turned down invitations to join the coalition at the outset, usually because past attempts in the community to form coalitions and coordinate services did not work out. Many of these recruits later approached the coalition and asked to join, after they saw that it had become a viable, effective presence in the community.

  In the initial stage of coalition development, it is common for members and potential members to be anxious about the issues of control and competition. This is especially true when members have a history of either not working together or not working well together. Time is needed to learn to trust other coalition members, particularly the lead agency and competing agencies.

- **Required level of resource participation**--The majority of coalitions did not formally require resources from their members. In extreme cases, this fostered the belief of all coalition members that the coalition could survive only as long as it was supported by OMH.

  There were many implicit, informal understandings for members to provide in-kind resources as the need arose, such as voluntary staff time, meeting space, and transportation. A few coalitions asked members to specify the resources they would provide in letters of support. Most coalitions were wary of requesting too many resources from members, particularly monetary support, and especially from those members with limited finances and resources.

- **Documentation**--Most coalitions found it useful to document their efforts as a way of informing members and the public of what they have accomplished. Written minutes from coalition meetings were the most common form of documentation. Some recorded all that was discussed, while others provided overviews of the discussions. Minutes usually were furnished to all members, both those who were present and those who were absent from the meeting. Sometimes they were mailed and sometimes they were distributed in person. Minutes from one meeting usually were completed and distributed before the next meeting. One coalition tape-recorded meetings, and another videotaped a conference it sponsored.

- **Establish relationships with the coalition and other members**--All grantees reported that the level and type of relationship with the coalition and other members are a function of members' histories with one another. The four

modified coalitions exhibited the most mature relationships with the coalition and other members because many members had been working together prior to the grant award and had overcome adverse situations together as well.

New coalitions whose members did establish positive relationships tended to be those which existed as working groups or task forces prior to the grant award. These coalitions had a long-standing commitment to the idea of working together and formalizing their ties in a coalition, which encouraged strong, lasting relationships.

Grantees were innovative in tailoring approaches to their situations. This expedited their work in a number of areas, including recruiting members, delivering services, and obtaining future support.

Some coalitions combined one of more of the key variables to facilitate development. For example, defining member roles and resource participation together often resulted in obtaining long-term commitments from members. Playing down the importance of variables they felt were not necessary or attainable during the development phase, such as requiring members to establish relationships with one another, was another common strategy.

3.2 Three Key Resources Are Critical

Three major resources were identified as germane to coalition building--personnel, time, and dollars.

- **Personnel**--Coalitions that were able to attract and keep members and thrive had a strong, charismatic leader with good rapport among coalition members and the community. Coalition leaders, whose visions originated the coalitions and who often served as PIs, were people who commanded respect for their efforts and were able to translate enthusiasm into action. Many were from the same racial/ethnic group as the target population or had a distinguished history of serving this group.

  In addition to leadership, coalitions needed personnel to perform the work that kept the coalition moving forward. These tasks centered on planning and organizing the policies and logistics of day-to-day operations, and included management, public relations, advocacy, and clerical duties. Six coalitions each hired one full-time staff person who was devoted entirely to the project. The remainder assigned existing staff to the project, usually on a part-time basis, supplemented by voluntary and in-kind contributions from the membership. Staff assigned to the project often found that the coalition work complemented their work with the community and were genuinely pleased with this consequence.

- **Time**--Time is needed for coalitions to overcome obstacles, adjudicate issues or problems, develop norms and values, and progress toward service delivery. As in any cooperative effort, the people involved in coalition building need time to learn to understand and trust one another.

Grantees told us that coalitions' rates of development depended on leadership, level of prior organization, members' level of participation, and the community environment. Modified coalitions usually were said to require less start-up time than new coalitions because members had worked together in the past. Grantees agreed with our observation that coalition development is an ongoing, dynamic process, but they usually said they were nonetheless uneasy about whether OMH would consider their progress sufficient for a one-year grant period.

- **Dollars**--Financial support fosters the coalition's development. OMH grant funds served many uses. They helped coalition staff recruit and retain members through visits and mailings. They paid for or supplemented training and conferences, which also helped with recruitment and retention. The funding covered services that members could not always otherwise provide to the coalition, such as transporting members of the target population to coalition meetings, conferences, and training sessions, and for refreshments at these events. The funds also covered basic operating expenses that gave the coalition a sense of permanency--office space, stationary, brochures and other materials for publicity, photocopying equipment, telephones, and computer terminals. Six coalitions hired temporary full-time staff to administer the coalition and drew their salaries from the funding.

  Coalitions also received support from sources other than OMH. Members provided in-kind services such as photocopying, postage, and meeting space. Two coalitions asked members to pay dues to help cover some operating expenses.

3.3 Successful Projects Followed Four Major Steps In Their Development

We identified four fundamental steps in coalition development. According to their individual needs, coalitions emphasized some steps over others and focused on them at different times during the year. Each step helped the coalitions develop into viable and responsive bodies for delivering services by working to foster maximum cooperation among members and to retain and encourage their commitment to the coalition.

- **Develop Support For A Shared Vision**--Coalitions generally begin to form when a community leader expresses a vision of how to address an identified problem facing the community. The leader shares this vision with community members and persuades them to identify and obtain needed resources.

- **Define The Organizational Purpose**--Defining the coalition's purpose lays the foundation for the coalition's work. The coalition's members need to agree on the target population and coalition goals and objectives. Some coalitions ask representatives of the target population, such as current agency clients, to define their own needs by serving as members of the coalition, participating in focus groups, or responding to surveys. Coalitions that involved members of the target population always reported success in meeting target population needs.

- **Develop Consensus On Coalition Norms And Values**--Gaining explicit consensus on key norms and values of the group appears to be a precondition for successful operations. The group must develop a common understanding of what it means to develop culturally sensitive approaches for delivering services to the target

population, and what is required to have attained the standard of cultural sensitivity. The group must also agree on organizational structure for the coalition, including how and when to conduct meetings, document progress, and attract and retain members.

- **Obtain Necessary Resources**--Coalitions must identify and obtain necessary resources. Most coalitions were said to have really gained momentum when key staff were identified and hired.

  Recruiting members is an ongoing effort in resource acquisition for most coalitions. Members are a key labor resource because they play a critical role in building and sustaining the coalition by providing essential support, including staff, funds, and in-kind services. Recruiting members because they have specific skills, clout, or credibility is key for gathering together a group of people capable of coping with the issues and challenges coalitions face in both developmental and delivery stages.

  OMH Coalition Development Grant Program dollars were said to have been a valuable resource, for reasons cited earlier. It was rare for coalitions not to mention that they had experienced delays with grant start up because of a lag of at least several months between notification of the grant award and actual receipt of funds. Some coalitions had requested no-cost time extensions to their grants; these extensions were always granted, although notification was not always said to be timely.

  Many coalitions were addressing the need to identify and obtain funding for the coalition when OMH funds ran out. Although most coalitions intended to continue working after the end of the grant period, only one had the funds to do so at the same level. This coalition had been awarded a demonstration grant. Most of the other coalitions began looking for additional funding as the grant year was ending, and some had even submitted proposals to other agencies and private foundations. Others were investigating RFPs and RFAs, meeting with foundation staff, or holding fundraisers. None of the grantees had a long-range plan for continued funding. Most coalition spokespersons told us they initially had assumed that their development grants would roll over into demonstration grants at the end of the first year of operation. They reported having been surprised and disappointed when they were not awarded a demonstration grant; they wondered aloud to us about what they had "done wrong."

4. OMH CAN IMPROVE GRANTEES' ABILITY TO SERVE MINORITY MALES AND DEVELOP COALITIONS

OMH can improve grantees' ability to serve minority males and develop coalitions by assisting projects in managing their limited resources in a more cost effective manner, and by disseminating information on the state of the art of coalition building. Grantees told us they would welcome such involvement from the Federal sector.

4.1 Stronger Program Guidance Could Help Grantees

OMH could improve grantees' ability to make optimal use of grant dollars by offering a more consistent, structured approach to coordinating the MMGP Coalition Development Grant Program. Grantees typically reported that they experienced at least one problem in administering their grant that could have been ameliorated by stronger assistance from OMH on grant management issues. The suggestions in this section reflect grantees' concerns and thoughts about how to improve operations.

- **Define Expectations Of Grantees**--To help grantees to focus their limited resources, OMH should revise the written program guidance to explicitly state its general expectations about the grant program and grantee progress throughout the grant period. Special attention should be paid to clarifying the relationship, if any, between receiving a development grant and receiving a demonstration grant.

  Since coalition development is a never-ending process, grantees would benefit from guidance on what they should reasonably expect to accomplish within a year. Field experience suggests that grantees can expect these types of accomplishments:

  -- Develop organizational policies and procedures
  -- Staff the coalition
  -- Hold regularly scheduled meetings
  -- Recruit members who wrote letters of commitment
  -- Plan the first coalition initiative
  -- Plan for ongoing operations, including long-term funding

  Therefore, OMH may wish to direct grantees to develop project goals, objectives, and milestones that work toward these ends.

- **Monitor Progress**--To determine how well grantees are doing in attaining their goals and objectives, OMH should monitor progress routinely. Written quarterly progress reports from grantees to the OMH project officer are the ideal vehicle for transmitting information on how well the project is doing in attaining planned goals and objectives. OMH project officers should provide timely feedback to grantees about how well they are doing in meeting their plans. If resources continue to be very limited at the Federal level, we suggest that OMH project officers focus only on exceptions to expected performance, and especially exceptions that fall short of plans. Regional OMH staff should be engaged to monitor projects through a site visit early in the project and at six months.

  OMH may wish to consider reducing the number of progress reports required to a more manageable two or three if there is not sufficient Federal staff to review quarterly reports. Grantees understandably find it annoying to report information that appears to be ignored. This is especially said to be the case when there is no apparent Federal notice of or help with problems cited by grantees in their progress reports, or when Federal officials demand certain actions and then do not follow up to see that they have been taken.

- **Provide Technical Assistance**--To help grantees learn how to attain their goals and objectives when they are experiencing difficulties, OMH should provide technical assistance. Telephone and in-person consultation is likely to be most effective. We suggest that OMH project officers direct any technical assistance effort; it would be advisable for them to participate in the visit and in the assistance delivery as well. OMH should involve regional minority health staff and knowledgeable consultants (contractors or experienced grantees) in delivering technical assistance.

- **Allow A One-Year Period For All Projects**--To help grantees follow their planned approaches, OMH should ensure that all are allowed the planned one year operating period. OMH could delay the official start date until negotiations are completed or extend the time period of the grant to include time for negotiations.

4.2 Information About Coalition Development Should Be Disseminated To Grantees

Many grantees expressed a thirst for knowledge about the state of the art of coalition development. They were anxious to learn from OMH and their peers about the lessons of others' experiences in developing coalitions and services for minority males. The suggestions in this section focus on ways to disseminate information on the developing state of the art of using the coalition model as a vehicle for serving minority males.

- **Communicate Model Approaches**--OMH could help grantees save time in setting up their projects by disseminating model approaches to coalition development. This would provide grantees with a cookbook approach to developing or modifying a coalition. Such communication could include:

  -- Sending documentation on model approaches to new grantees

  -- Sponsoring a conference on model approaches for all grantees

- **Synthesize And Publicize Lessons Learned**--OMH could help grantees save time in establishing viable coalitions by developing guidance on the lessons learned in coalition development. This would provide grantees with guidance about how to overcome barriers and capitalize on opportunities. Such an approach could include:

  -- Developing and distributing an annotated bibliography of "how to" approaches to establishing community-based coalitions

  -- Publishing and distributing a monograph on best practices of former grantees

  -- Convening annual meetings immediately before the award period begins to alert new grantees to proven strategies for attaining project goals and objectives

- **Establish A Coalition Grantee Network**--OMH could help grantees learn routinely about advances in the field by nurturing a coalition grantee network for development and demonstration projects.

-- Publish a network directory each year that includes a brief summary of each project and the name, title, and address of a person who can be contacted by other grantees for up-to-date information about the project

-- Publish a quarterly network newsletter that includes articles about ongoing coalition projects that are sponsored by OMH and other agencies; other OMH and minority health initiatives that are likely to be of interest to grantees; relevant national, regional, and local meetings on minority health and coalition building issues; and other sources of funding for coalitions

-- Expand the Minority Health Resource Center to include information and referral on coalition building resources (human, written, audiovisual)

CHAPTER III

EVALUATION DESIGNS FOR COALITION DEMONSTRATION PROGRAM

CHAPTER III

EVALUATION DESIGNS FOR COALITION DEMONSTRATION PROGRAM

The goal of the Coalition Demonstration Grant Program of the MMGP is to exhibit mechanisms that implement community coalition activities. These activities are to involve multiple organizations that can effectively address the public health, social, and other human service ills of high-risk minority males. Since these problems can lead to premature death and poor quality of life, these coalitions are to develop effective methods of intervention for this high-risk population.

B&D conducted a 20-week study to design an evaluation of the 14 community coalition demonstration grants awarded in May 1991 for a three-year grant period. The study purpose was to:

- Design three evaluation options for the coalition demonstration component of the MMGP
- Recommend a useful and feasible evaluation design

The remainder of this chapter presents the strategy employed to develop the three evaluations and the recommended approach.

1. WE LEARNED ABOUT EVALUATION NEEDS AND CAPABILITIES

As administrator of the MMGP, OMH is responsible for the evaluation of the coalition demonstration component. In this role OMH must have an evaluation that will serve its needs to:

- Describe project implementation and approaches taken by coalitions to serve high-risk minority males
- Demonstrate the effectiveness of the coalition as a viable mechanism for providing health and social services to at-risk minority males
- Assist projects with increasing their effectiveness
- Increase effectiveness at the program level
- Prepare an informed report to Congress on the MMGP

We followed a series of logically ordered steps to design an evaluation that responds to these needs. We reviewed program guidance and grant applications to learn about the projects. A list of the 14 demonstration sites by ethnicity of the target population and primary intervention focus is presented as Exhibit III-1. We prepared (1) a concept paper to clarify the study purpose, the objectives of the program, and the evaluation questions, and (2) a preliminary design paper to present three designs reflecting our initial analysis of how to design the national evaluations. OMH reviewed and commented on each submission. We conducted site visits to six projects to learn about grantees' perceptions of the feasibility and utility of the preliminary design

EXHIBIT III-1

COALITION DEMONSTRATION GRANTEES BY ETHNICITY OF TARGET POPULATION AND PRIMARY INTERVENTION FOCUS

ETHNICITY OF TARGET POPULATION GRANTEE	PRIMARY INTERVENTION FOCUS
African-American	
*Benedict College Columbia, SC	Health and Social Services
Dallas Urban League Dallas, TX	Health and Social Services
Meharry Medical College-Dentistry Nashville, TN	Health Promotion
The Teen Father Program: A Family Service Cleveland, OH	Health and Social: Training
*Westside Health Services, Inc. Rochester, NY	Health Outreach
*Wholistic Stress Control Institute Atlanta, GA	Health and Social: Risk Reduction
Hispanic	
Catholic Community Services of Portland Portland, OR	Health and Social: Education
*La Nueva Vida, Inc. Santa Fe, NM	Health and Social: Risk Reduction
Native American	
Navajo Nation Window Rock, AZ	Health: Alcohol Treatment
Red Cliff Band of Lake Superior Chippewas Bayfield, WI	Health: Education
Other*	
Contra Costa County Health Services Department Pleasant Hill, CA	Health and Social: Reduce Violence
*Fresno County Economic Opportunity Commission Fresno, CA	Health and Social: Runaways
*Hall Neighborhood House, Inc. Bridgeport, CT	Health and Social: Employment Training
Medina Children's Services Seattle, WA	Health: Teen Fathers

*Site visit
**No ethnic group specified

approach. Then we modified the initial design to incorporate our findings. Projects that we visited are highlighted on Exhibit III-1.

We learned that the coalition demonstration evaluation must provide useful information for OMH. These are the key study questions:

- What services/interventions are being provided?
- To whom are services/interventions being provided?
- What factors facilitate or inhibit the implementation of the services and interventions?
- How can implementation of the services/interventions be improved?

We also learned that a feasible evaluation approach must consider data requirements such as availability, accessibility, and quality. Information is a basic resource for the evaluation, so data issues are a key concern. Other feasibility concerns are time, staffing, and cost. These are the resources needed for conducting the evaluation.

2. WE DEVELOPED THREE EVALUATION DESIGN OPTIONS

Based on our understanding of the types of issues to be addressed by the study, the range of potential uses of the information, and possible constraints on evaluation conduct, we developed three potentially viable design options:

- Case study
- Self-assessment
- Quasi-experimental

The next section describes each design option in a standard fashion. We present a synopsis of each option along with a description of its purpose; population/sample; data requirements, collection techniques, and collection instruments; procedures; analysis; and product descriptions. Next, we identify strengths and weaknesses, along with possible approaches to overcoming the weaknesses. Exhibit III-2 summarizes key features of each option.

2.1 The Case Study Option Describes Projects

The case study design option highlights the unique characteristics of individual projects and promotes the collection of detailed information on project implementation or outcome, or both. This design offers a qualitative approach to evaluating project implementation and outcome.

Key characteristics of the case study option are:

- **Purpose**--The purpose of the case study option is to provide OMH with a rich qualitative description of the implementation, operation, and outcomes of the demonstration grant projects.
- **Procedures**--OMH sets a schedule at the outset for all evaluation activities. OMH sends a letter to the projects informing them of the evaluation. OMH evaluators

EXHIBIT III-2

DESIGN OPTIONS BY METHODOLOGY ELEMENTS

Design Option	Purpose	Sample	Data	Collection Techniques	Collection Instruments
Case Study	Provide a qualitative description of process	All Project Directors Coalition members Clients	Types of services Demographics of target population Coalition members Coalition implementation	Site visits	Interview protocol
Self-Assessment	Provide qualitative and quantitative detail and involve projects in evaluating their own demonstrations	All Project Directors Coalition members Clients	Types of services Demographics of target population Coalition members Coalition implementation Client assessments	Survey methods	Surveys
Quasi-Experimental	Provide quantitative detail on outcomes	All Project Directors Coalition members Clients	Types of services Demographics of target population Client Assessments	Survey methods	Surveys Client assessment instruments

EXHIBIT III-2

Design Option (Continued)	Procedures	Analysis	Product Descriptions
Case Study	Establish schedule Letter from OMH Conduct site visits Monitor progress	Qualitative	Project profiles Analytic report Recommendations
Self-Assessment	Establish schedule Staff training Collect data Letter from OMH Monitor progress	Quantitative Qualitative	Project profiles Tabulations Recommendations
Quasi-Experimental	Establish schedule Letter from OMH Administer assessments Monitor progress	Quantitative Qualitative	Tabulations Statistical analysis Recommendations

maintain routine communication with the projects during the course of the evaluation to inform them of evaluation data requirements, site visit schedules, and potential problems. OMH evaluators monitor progress to ensure the evaluation is completed on time.

- **Sample**--Case studies will describe all 14 projects. Coalition members and client populations will be sampled to enable OMH to generalize findings to the population of members and clients at a reasonable cost. The sampling design encompasses three groups:

  -- Grantees--The sample includes all grantees and PDs who provide oversight for the coalition's daily activities.

  -- Coalition members--The sample includes coalition members because they provide services and are an integral part of the coalition. The sampling plan ensures a representative sampling of services offered by the coalition.

  -- Clients--The sample includes clients because they are the direct recipients of service. The sampling plan ensures a representative sampling of the target population based on ethnicity, age, and health/social problem.

  An evaluation designed to sample more than nine respondents in any sample group requires clearance through the Office of Management and Budget (OMB) clearance process.

- **Data**--A minimum data set is specified early in the evaluation period. This data set can include some or all of the following types of information:

  -- Description of services offered and rendered through the coalition

  -- Description of coalition members participating in the coalition and their responsibilities

  -- Description of strategies for recruiting clients and members

  -- Description of staff training program

  -- Demographic characteristics of the target population

  -- Number of target population members served (actual versus expected)

  -- Client assessments

  -- Client satisfaction surveys

  Availability of project-level data on these parameters poses no problem.

  Data quality will vary by project because of:

-- Variability in project capabilities to (1) design and implement adequate data collection systems, (2) routinely collect all needed data, and (3) analyze data

-- Reliance on non-standardized instruments

- **Data Collection Techniques**--Documentation review and site visits are the data collection methods. Two-person teams comprised of a senior and a junior analyst conduct two-day site visits. They collect and review documentation about the project prior to the visit and expand their understanding of the project through interviews and observation during the visit.

- **Data Collection Instruments**--The evaluators design three interview protocols--one each for grantees, coalition members, and clients. Each site uses the same protocols.

- **Analysis**--The analysis is qualitative description of the implementation and/or coalition demonstration outcomes. Techniques include coding open-ended responses and summarizing responses in narrative form.

- **Product Description**--There are three major products of the case study option (1) a profile of each project, (2) an analytic report describing the similarities and differences in projects, and (3) a list of recommendations. The profile structure is standard for each project. It identifies key characteristics, the strengths and weaknesses of the demonstration components, and components which require improvement.

- **Strengths**--The major strengths of the case study option are (1) its ability to describe in detail the demonstrations' implementation and unique characteristics, and (2) the low level of new effort required by project staff for data collection.

- **Weaknesses**--The weakness of the case study option is its reliance on data of variable quality. This weakness can be overcome by (1) giving projects sufficient advance notice of requirements to allow them time to generate the highest quality data they are able to produce, (2) considering the limitations of available data in constructing the analytic approach, and (3) assigning experienced case study writers to the project.

2.2 The Self-Assessment Option Promotes Project Participation

The self-assessment design option highlights project involvement and promotes the collection of detailed information for either the formative or outcome evaluation, or both. Projects exercise a great deal of control over the implementation of the evaluation process while still offering Federal policymakers the benefits of generating a uniform data set. This design offers qualitative and quantitative approaches to evaluating project data.

Key characteristics of the self-assessment option are:

- **Purpose**--The purpose of the self-assessment option is to provide grantees with an opportunity to participate in the design and conduct of formative or outcome evaluations of their projects.

- **Procedures**--The procedures described for case study apply for the self-assessment option. In addition, training sessions are scheduled for project staff who are involved in evaluation activities.

- **Sample**--The sampling framework and clearance requirements described for the case study apply to the self-assessment option.

- **Data**--The types of data collected for the case study are the same as those for the surveys, but the self-assessment relies more heavily on quantitative data than does the case study option. Such quantitative data elements might include number of clients who have:

  -- Received services by service type

  -- Accomplished desired outcomes, such as obtaining employment, completing drug treatment, or earning a General Education Diploma

  Data quality considerations are the same as those described for the case study option.

- **Data Collection Techniques**--Survey methodology is the primary data collection technique employed. The self-assessment option emphasizes staff training in data collection to guarantee the reliability of the data. Detailed instructions accompany each instrument to improve data reliability, validity, and overall quality. The evaluators conduct staff training in data collection methods during site visits, with follow-up via telephone as needed.

- **Data Collection Instruments**--OMH evaluators design three survey instruments--one each for grantees, coalition members, and clients. All sites use the same instruments for each group.

- **Analysis**--OMH evaluators analyze the data. The analysis describes coalition implementation and/or the coalition demonstration projects' outcomes. Analysis for a formative evaluation focuses on description, while analysis for an outcome evaluation is quantitative. Evaluators analyze survey data using qualitative techniques (e.g., coding open-ended responses, summarizing responses in narrative form) and quantitative techniques (e.g., descriptive statistics). When appropriate, evaluators include additional data collected for the projects' own evaluation in the analysis.

- **Product Descriptions**--There are four major products of the self-assessment option, (1) a description of the implementation of services/interventions, (2) an analytical report of the strengths and weaknesses of demonstration components and identification of components which require improvement, (3) a list of recommendations, and (4) statistical reports of changes in health and social indicators.

- **Strengths**--The major strengths of the self-assessment option are (1) its versatility in serving as a formative or summative evaluation option, or both; (2) use of an internal evaluator who is familiar with the demonstration and its

nuances to provide insight into the demonstration operations; and (3) flexibility to generate both project- and program-level information in a cost-effective manner.

- **Weaknesses**--The major weaknesses of the self-assessment option are (1) reliance on the coalitions to play a significant role in the national evaluation even though evaluation typically is not a strength of community organizations, (2) the amount of time and effort required of projects in conducting the evaluation, (3) the subjectivity associated with using internal evaluators, and (4) reliance on variable quantitative data sets.

  Although community-based organizations typically are not strong evaluators, most projects have strong evaluation expertise on hand because they have hired seasoned evaluation consultants to assist them with designing and implementing their own evaluation plans. We expect that projects will rely on these experts to assist with the program evaluation as well. Starting the evaluation early in the project period can help to minimize the amount of extra effort required for the program evaluation, because evaluators can factor program evaluation requirements into their project evaluation plans. OMH can overcome problems associated with variations in data quality by (1) establishing a minimum data set with minimal quantitative requirements, (2) establishing data quality standards for the evaluation, and (3) providing training and technical assistance in standard data collection for the evaluation.

2.3 The Quasi-Experimental Option Focuses On Quantitative Analysis

A quasi-experimental design offers an analysis of quantitative data and focuses on determining project outcome. This design employs survey methodology to collect data on program performance measures.

Key characteristics of the quasi-experimental option are:

- **Purpose**--The purpose of the quasi-experimental option is to provide statistical control over the measurement of project objectives. This type of design is useful when clear project performance measures are identifiable and measurable.

- **Procedures**--The same procedures described for the self-assessment option apply to the quasi-experimental option.

- **Sample**--The sampling framework described for the case study applies to the quasi-experimental approach. To promote statistical control, another population should be sampled to construct a client control group. The control group could be sampled from (1) clients in the coalition network who are eligible but have not received services (may be on a waiting list) or (2) clients in the community who are eligible for service but have not yet been recruited. For a design not using a control group, adjustments in data collection techniques could introduce some amount of control. For example, the design could specify multiple data collection points (at least pre- and post-testing) and data analysis using such statistical techniques as methods to determine differences between groups (t tests, analysis of variance).

- **Data**--Survey and test score data collected through the quasi-experimental option are similar to data collected through the self-assessment option. This option focuses on quantitative data more than the other two options.

  Data quality considerations are the same as described for the self-assessment option.

- **Data Collection Techniques**-- Survey methodology is the primary data collection method utilized. The same issues described in the self-assessment option are considered here. Staff collect self-reported data on health-related attitudes and behavior from clients.

- **Data Collection Instruments**--The same basic instruments described in the self-assessment option are utilized for the quasi-experimental option.

- **Analysis**--The analysis responds to OMH's needs for information on the coalition demonstration projects' outcomes. Evaluators analyze survey data using quantitative techniques (e.g., descriptive statistics and inferential statistics.) When appropriate, evaluators include additional data collected for the projects' own evaluation in the analysis.

- **Product Descriptions**--There are four major products of the quasi-experimental option, (1) tables presenting frequencies of service/intervention variables, (2) statistics on changes in health and social indicators (as documented by self-reports or laboratory tests), (3) an analytic report identifying demonstration components which require improvement, and (4) a list of recommendations.

- **Strengths**--The major strengths of the quasi-experimental option are (1) ability to generate comparable data sets on items of interest, and (2) degree of statistical control over the evaluation design and data analysis, particularly when using a control group.

- **Weaknesses**--The major weaknesses of the quasi-experimental option are (1) reliance on quantitative data that may be limited and/or unavailable, and (2) narrow focus on outcome. Data limitations can be controlled as described for the self assessment option.

3. WE RECOMMEND A TWO-STAGE APPROACH WITH SIGNIFICANT GRANTEE INVOLVEMENT

OMH has requested that we design an evaluation that focuses on both the implementation and outcome of demonstrating the efficacy of the community-based coalition model in meeting the health and social services of minority males. We suggest a two-stage approach to the evaluation because this offers the opportunity to learn about and improve performance at various stages of the grant cycle.

A key feature of the proposed strategy is reliance on a project advisory committee for guidance in shaping the approach. The committee facilitates grantee and other experts' involvement throughout the design and implementation periods.

We suggest the case study and self assessment options. These options can be predicted to generate required information in a manner that should be acceptable to Federal and project level participants. The narrow focus on outcome of the quasi experimental option is a serious limitation in our view. This approach does not generate all types of needed information. It also could foster an undesirable spirit of competition among projects and unwarranted anxieties at the project level about generating output quantity, rather than output quality.

Careful scheduling of the evaluation is critical. The process needs to begin immediately. Exhibit III-3 illustrates a suggested timeline for the overall approach, which consists of two year-long stages that begin in January 1992. The remainder of this section describes that approach.

3.1 OMH, Grantees And Other Advisors Collaborate In Shaping The Evaluation Approach

We suggest that an advisory committee oversee the planning and conduct of the evaluation effort. We recommend this approach because it will:

- Generate needed information about program- and project-level implementation and outcome
- Promote acceptance of the evaluation strategy by all key players
- Build grantee competence in evaluation and coalition building

The committee will assume these responsibilities:

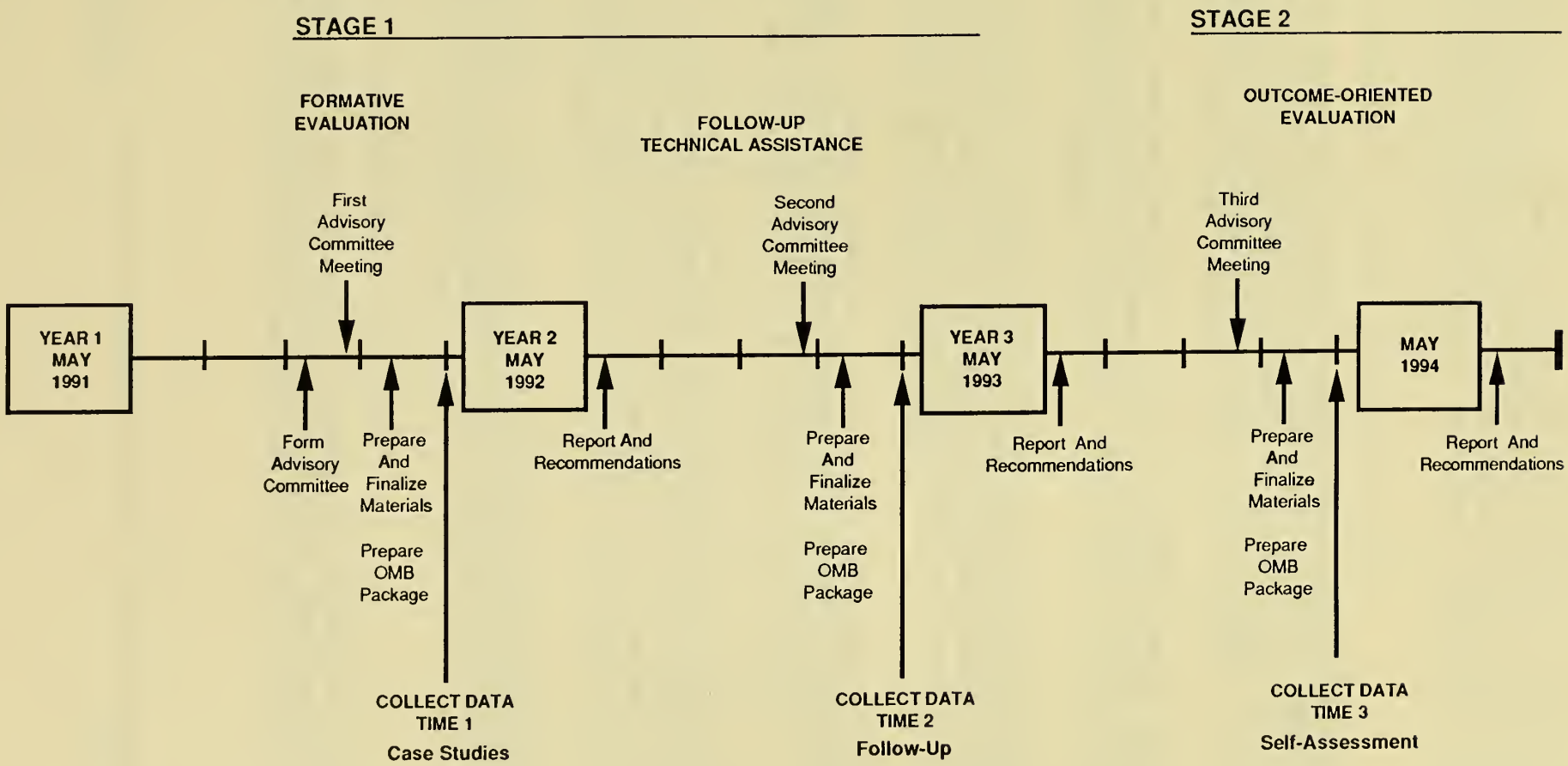
- Validate the evaluation objectives
- Review evaluation design and implementation procedures
- Define a minimum data set
- Approve data collection instruments
- Set guidelines for data quality
- Review results
- Recommend improvements to the planned approach, as indicated by results

Federal program officials appoint the committee and select its chairperson. We suggest that the committee be comprised of the PDs from each of the 14 projects and up to five additional experts in evaluating community-based coalitions that serve minority populations.

OMH staff or contract evaluators serve as staff to the committee. Their role is to develop an overall evaluation design, assess the adequacy of planned approaches, coordinate advisory committee activities, provide technical assistance and training in data collection protocols, and conduct the evaluation.

EXHIBIT III-3

TWO-STAGE EVALUATION PLAN
IMPLEMENTATION SCHEDULE



Grantees were enthusiastic about participating in such an advisory committee. They said they liked the notion of having an opportunity to shape the approach and to network with their peers on the issue of evaluation. Grantees said they would appreciate starting to address program-wide evaluation issues relatively early in the grant period, to enable them to capitalize on lessons learned and minimize conflict with project-level plans.

3.2 Conducting The Evaluation In Two Stages Will Be Useful To OHM

We know that the Federal Government and grantees need solid evidence about the nature and effectiveness of the community coalition demonstration component of the MMGP. We know as well from study activities that little information is available at this time about either the process or outcome of implementing the demonstration grant projects. Thus we suggest a two-stage evaluation plan that generates useful data as early in the grant period as possible.

- **Stage One: Formative Evaluation**--The focus is understanding how coalition demonstration projects are implemented. The evaluation findings generate recommendations on how to (1) implement a project and (2) improve coalition demonstration management processes.

  Stage One is planned for the end of Year One. This allows the projects sufficient lead time to become operational, generate implementation data, and begin to identify areas that could benefit from improvement. Beginning this type of effort relatively early in the project benefits both OMH and grantees. Each demonstration project receives technical assistance.

- **Stage Two: Outcome Evaluation**--The focus is the results of project interventions. The evaluation assesses projects' effectiveness in achieving their objectives and their impact on the target population. These findings can identify strategies that appear successful in achieving program and project aims.

  Stage Two is planned for the end of the last year of the three-year grant. At this point the projects have sufficient experience to be able to generate performance data over time and identify areas that could benefit from improvement. Conducting an outcome evaluation at the end of the grant period provides time after Stage One to refine operations and implement recommendations generated by the formative evaluation.

Conducting the evaluation in two stages is useful for both OMH and the projects because it allows them to address problems or potential problems during the grant period. Changes can be made in service delivery or interventions during the course of the grant period, when OMH maintains some leverage over the projects' implementation.

3.3 We Recommend The Case Study Option For Stage One

We recommend the case study option for Stage One because of its strength in providing descriptive information at the earliest possible stage in the grant period. Some projects will be at a disadvantage because they started after the May 1991 award date. Here are the steps in the process:

- **Form An Advisory Committee**--Develop criteria for selecting advisory committee members. Seek suggestions on membership from the grantees, experts in the field, and the Minority Male Work Group.

- **Review Program And Project Documentation**--Review program guidance, grant applications, progress reports, this report, and other relevant materials to prepare for the advisory committee meeting.

- **Convene First Advisory Committee Meeting**--Hold the first committee meeting in Washington, DC. Prepare materials (evaluation schedule, minimum data set, evaluation criteria and questions, suggested case study protocols) in advance of the meeting for committee members' review and discussion. Come to a consensus at the meeting about evaluation questions and procedures. Hold one meeting per grant year. Handle other contacts and discussions with the committee via telephone, mail, and facsimiles (FAX).

- **Develop Data Collection Materials**--Develop data collection instruments for the case studies. The committee reviews and approves the materials before they are considered final. Conduct the review and approval process by mail or telephone.

- **Prepare OMB Package**--The evaluators prepare a clearance package for OMH submission to OMB when conducting more than nine site visits.

- **Data Collection**--Conduct case studies at each of the 14 coalition demonstration sites. Two-person teams conduct the two-day interviews.

- **Data Analysis**--Analyze individual project data at the program and project levels using qualitative techniques.

- **Prepare Final Report And Make Recommendations**--Make recommendations for project and program level changes based on findings from case study analysis.

- **Provide Technical Assistance**--Provide routine technical assistance and special requests as made by grantees.

  -- Hold Second Advisory Committee Meeting--Hold the second committee meeting in conjunction with a technical assistance activity. The purpose of this meeting is to provide a special technical assistance workshop. The agenda for the workshop includes presentations by OMH, OMH evaluators, grantees from the coalition development, and coalition demonstration component of the grant program. Potential themes for the workshop are lessons learned, sharing experiences, and building networks.

     Follow-up to the recommendations based on the case study findings is done at this time. Data collection can occur at the technical assistance workshop.

The following resources are required for the implementation of this strategy:

- **Time**

  -- The suggested time period for conducting this formative evaluation is one year.

  -- Evaluators need at least three months to prepare and clear the OMB package.

  -- Fielding two site visit teams concurrently can reduce the elapsed time needed to conduct 14 site visits.

- **Staff**

  -- OMH needs at least three full-time equivalents (FTEs) for this effort. One senior-level staff provides technical and management oversight, one middle management-level staff provides evaluation expertise, and one junior level staff serves as research assistant. All three provide technical assistance. The FTEs could be Federal staff or contractors.

  -- Obtain additional resources for technical and site visits from the national and regional OMH offices.

- **Cost Elements**

  -- Labor for the evaluation

  -- Consulting fees for the five expert committee members

  -- Travel (air and ground transportation, and per diem for site visits and advisory committee meeting)

  -- Telephone

  -- Miscellaneous supplies

3.4 We Recommend The Self-Assessment Option For Stage Two

We recommend the self-assessment option for Stage Two because it involves grantees in the evaluation and yields both qualitative and quantitative information. By the second year of the demonstration projects have engaged in internal and external monitoring, implemented recommendations, refined their implementation strategies, and have seen the impact of their work. Here are the steps in the process:

- **Review Program And Project Documentation**--Review materials as described for the case study option.

- **Convene Third Advisory Committee Meeting**--Hold the committee meeting at one of the demonstration sites using the same procedures as described for the case study option meeting.

- **Develop Data Collection Materials**--Develop data collection instruments used in the self-assessment. The committee reviews and approves these materials before finalizing them.

- **Prepare OMB Package**--The same procedures described for the case study option apply for the self-assessment option.

- **Data Collection**--Provide technical assistance, including site visits, to training staff at each of the 14 coalition demonstration sites. The PDs head the effort at each site. Data collection for the program evaluation is coordinated with data collection for the project's own internal evaluation to reduce the burden on the project to produce duplicate information.

- **Data Analysis**-- Analyze individual project data at the program and project levels, using qualitative and qualitative techniques.

- **Prepare Final Report And Make Recommendations**--Make recommendations for project- and program-level changes based on findings from the analysis.

The resource requirements for the implementation of this strategy are the same as those for Stage I.

APPENDIX A

OFFICE OF MINORITY HEALTH
COALITION DEVELOPMENT GRANTEES

TELEPHONE DISCUSSION GUIDE

Date _____

Representatives:

Birch & Davis Name	Grantee Representative's Name	Title
_____	_____	
_____	_____	
_____	_____	

GRANTEE INFORMATION

Project Number _____ New/Modified Coalition _____

Date Project Began _____

Date Funds Received _____

Grant Title _____

Project Director _____

Is this the same director that was identified in the grant application?

_____ Yes _____ No

Telephone Questions

1. Objectives

I saw from your grant application that your overall objectives for this coalition are to:

1. _____

_____

2. _____

_____

3. _____

_____

_____

_____

Are these still your objectives or have you made adjustments to fit the needs of your clients?

If yes, what are the new objectives?

1. _____

2. _____

3. _____

_____

_____

2. Coalition Development

How are things going with the coalition? Can you briefly explain how you went about developing your coalition?

Where does the coalition stand in terms of its overall development? Are you close to being able to deliver services? [Want to know if it is operational.]

What factors would you say made it easier to develop the coalition and where did you run into problems?

_____

_____

_____

_____

_____

_____

3. Coalition Organization

How is the coalition organized?
[Who are the decision-makers? Have subcommittees (e.g. executive committee, planning committee) been set up to focus on specific tasks and issues? Who handles the day-to-day activities? Are these duties shared among coalition staff members? Is there a board of directors who provides overall direction to the project?]

_____

_____

_____

_____

_____

_____

4. Coalition Members

Tell me about some of the groups within the coalition, what their roles are, and who the individuals are that represent them. Are they ethnically or culturally similar to the target population you will be serving?

Do members have a financial responsibility to the coalition? What is it?

Would you say that the coalition's activities are evenly divided among its membership or are there a few members who have become more active than others?

Are you still recruiting new members, or are you pretty much set on your membership? Would you describe the coalition, in terms of the services it coordinates, is it broad based or more narrow in scope? Was this intentional?

5. Role Of Federal Government

Besides providing you with the seed money to develop (or modify) your coalition, what other assistance have you received from the Office of Minority Health? Have you communicated with them, either in writing or on the phone, to discuss some of the obstacles you were facing? Were they able to give you some advice or direction on what to do?

6. Primary And Secondary Impacts On Target Population

Have there been any effects of your activities on the target population or the community? Were any of these effects unexpected? Have these effects had any impact on the focus of your coalition?

7. Financial Self-Sufficiency

What do you think will happen to the coalition after the grant period ends? Do you think it will continue? Have you been able to identify other funding sources?

8. Suggestions For Future Grantees

I'd like to ask you to share with me your approach or philosophy, to coalition development. What advice would you give to someone who was just awarded this same grant? Are there any strategies you would recommend that they use and what are the warning signs they should look out for?

_____

_____

_____

_____

_____

_____

9. Suggestions For The Federal government

Finally, is there anything that you would like to tell the Federal government, specifically the Office of Minority Health, about administering the Minority Male Grant Program? What did they do that you would say was particularly helpful and how can they improve this program?

_____

_____

_____

_____

_____

_____

APPENDIX B

OFFICE OF MINORITY HEALTH
COALITION DEVELOPMENT GRANTEES

SITE VISIT PROTOCOL

City _____

Date _____

Representatives:

Birch & Davis	Grantee Representative's Name	Title
_____	_____	
_____	_____	
_____	_____	

Size of Coalition _____

I. HOW ARE COALITIONS DEVELOPED?

Did you have any delays in starting up the coalition? (Delay in receiving funds, understanding the terms and conditions of the grant?)

Briefly explain the course of events over the past year. How did you get started and where are you now in the process?

Has the target population had a role in the development of the coalition?

Are minority (similar to target population) service providers included in the coalition?

What types of problems are associated with operating a coalition that serves a number of different ethnic groups (e.g., language, cultural sensitivity, staffing)?

Was one year an adequate amount of time for this developmental effort? (Is more or less time needed?)

II. TO WHAT EXTENT HAVE THE COALITIONS DEMONSTRATED THE SIX CHARACTERISTICS IDENTIFIED BY THE MMGP AS ELEMENTS OF A COMMUNITY COALITION? (agreed upon mission; coalition members: resource participation, role, establish relationships, commitment; and documentation)

To what extent have the coalition's activities been documented (e.g., minutes, tape)?

Were members expected to sign a written agreement to establish their commitment to the coalition?

Have you noticed any networking among members as a result of the coalition?

III. WHAT RESOURCES ARE NEEDED TO DEVELOP AND SUSTAIN A COALITION?

What has been the role of senior management in the coalition's development?

Coalition Staff - who are they, are they full- or part-time with the coalition; do they have other full time jobs?

What are the roles and responsibilities of coalition members
(including financial contributions, in-kind contributions, staff participation, other resources)?

Was the $50,000 received from OMH enough to develop your coalition?

IV. WHAT ARE THE STRENGTHS AND WEAKNESSES OF THE COALITIONS DEVELOPED THROUGH THIS PROGRAM?

Did the history or political position of coalition members in the community have an impact on coalition development? (credibility with the target population)

What have been the barriers to coalition development?

What factors facilitated coalition development?

_____

_____

_____

What worked and what didn't work?

_____

_____

_____

V. HOW CAN THE COALITION DEVELOPMENT PROCESS BE IMPROVED?

Did you seek or receive technical assistance in your effort?
(From whom [OMH or consultant], and what type?)

_____

_____

_____

How would you measure the success of the coalition developmental effort?

_____

_____

_____

APPENDIX C

OFFICE OF MINORITY HEALTH
COALITION DEMONSTRATION GRANTEES

SITE VISIT PROTOCOL
PROJECT DIRECTOR

City _____

Date _____

Representatives:

Birch & Davis	Grantee Representative's Name	Title
_____	_____	
_____	_____	
_____	_____	

Size of Coalition _____

Date Project Began _____

Date Funds Received _____

Did you have any delays in starting up the coalition? (Delay in receiving funds, understanding the terms and conditions of the grant?)

_____

_____

_____

What are the roles and responsibilities of the coalition members (including financial contribution, staff participation, other resources)?

_____

_____

_____

I. WHAT SERVICES/INTERVENTIONS ARE BEING PROVIDED?

What types of services are offered?

_____

_____

_____

Who is providing these services (coalition members)?

_____

_____

_____

Are minority service providers included in the coalition?

_____

_____

_____

II. TO WHOM ARE SERVICES/INTERVENTIONS BEING PROVIDED?

Describe the characteristics of the target population (ethnicity, age, language spoken, employment status)?

_____

_____

_____

How many clients does the coalition currently serve?

_____

How many clients does the coalition plan to serve?

_____

III. WHAT FACTORS FACILITATE OR INHIBIT THE IMPLEMENTATION OF THE SERVICES AND INTERVENTIONS?

Has the target population had a role in the development of the coalition demonstration?

Coalition Staff - who are they, are they full- or part-time with the coalition; do they have other full time jobs?

What type of training have providers received in preparation for the coalition demonstration?

What are the barriers to service/intervention delivery (e.g., language, ethnicity)?

What types of problems are associated with operating a coalition demonstration that serves a number of different ethnic groups (e.g., language, cultural sensitivity)?

What outreach strategies have been developed to recruit the target population?

IV. FEASIBILITY - DATA

To what extent have the coalition's activities been documented (e.g., minutes, tape)?

What client data will be collected by the coalition demonstration? Are the data collected routinely? Who is responsible for collection, data entry, quality control and reporting? How often are the data collected?

Will a database be developed to facilitate data collection and reporting?

Will a case management system be implemented to keep track of services?

What types of reports are you required to generate?

V. EVALUATION

Is three years an adequate amount of time for the demonstration to become fully implemented and to see the effects of the demonstration? (Is more or less time needed?)

What are your plans for evaluating the coalition demonstration? How can the success of the coalition demonstration be measured?

Will you require technical assistance to evaluate the demonstration?

Who will conduct the evaluation?

Do you think there are sufficient funds to conduct the evaluation you have planned?

SITE VISIT PROTOCOL
MEMBERS

I. WHAT SERVICES/INTERVENTIONS ARE BEING PROVIDED?

What has your role been in the demonstration?

_____

_____

_____

Are you offering any new services to the coalition, or are you providing services that you were already providing to clients?

_____

_____

_____

II. TO WHOM ARE SERVICES/INTERVENTIONS BEING PROVIDED?

Have you provided services to this target population before joining the coalition; do you need to adjust your intervention strategy for this target population?

_____

_____

_____

III. WHAT FACTORS FACILITATE OR INHIBIT THE IMPLEMENTATION OF THE SERVICES AND INTERVENTIONS?

Have you identified any facilitating factors or barriers to service delivery?

_____

_____

_____

IV. HOW CAN IMPLEMENTATION OF THE SERVICES/INTERVENTIONS BE IMPROVED?

How would you evaluate your services to the target population?

_____

_____

_____

IV. FEASIBILITY - DATA

What type of client data do you keep and are you required to report?

_____

_____

_____

SITE VISIT PROTOCOL
TARGET POPULATION

I. WHAT FACTORS FACILITATE OR INHIBIT THE IMPLEMENTATION OF THE SERVICES AND INTERVENTIONS?

How did you hear about the coalition?

_____

_____

_____

What made you participate in the coalition?

_____

_____

_____

II. WHAT SERVICES/INTERVENTIONS ARE BEING PROVIDED?

What types of services are you getting from this organization?

_____

_____

_____

Have you been satisfied with the services you have received?

_____

_____

_____

Does the coalition meet your needs in a culturally sensitive way?

_____

_____

_____

III. HOW CAN IMPLEMENTATION OF THE SERVICES/INTERVENTIONS BE IMPROVED?

Have you told others about the coalition?

_____

_____